

CLAIMS ONLY								Application Number		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/				
2		/					52		/			
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45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					

BEST AVAILABLE COPY